



Suffolk County Department of Social Services

VERIFICATION OF SCHOOL ATTENDANCE

CASE NAME	CASE NUMBER
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Notification to all Applicant/Recipients:

This form, SCO-227 must be completed by a school official for:

- All individual in your household who is between the ages of 16 and 19.
- ANY pregnant or parenting teen.

SECTION I: PARENT/GUARDIAN CONSENT TO RELEASE OF INFORMATION	
<p>I hereby give permission to the authorized school official to release information requested below from school records for the following student(s) to the Suffolk County Department of Social Services for the purpose of determining eligibility.</p> <p>I understand that I can withdraw consent, in writing, at any time. Following withdrawal of consent, no further information will be sent. If I do not withdraw consent, this permission to release information will expire six months from the signature date.</p>	
Signature of Parent or Guardian	Date

SECTION II TO BE COMPLETED BY SCHOOL OFFICIAL					
Student Name	Grade	EDG *	LRD #	Full time	Part time
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
* Expected date of graduation		# Last date of registration			
Last known address for student(s):					
School Name:					
Signature of School Official			Signature date		
Title			Phone		